



## MONTGOMERY COUNTY DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS



MAIL APPLICATION TO: Licensing and Registration ● 100 Maryland Avenue, 4<sup>th</sup> Floor ● Rockville, Maryland 20850 Telephone 240-777-0311 ● TTD 240-777-3679

www.montgomerycountymd.gov/dhcalicensing \* licreg.intake@montgomerycountymd.gov

## **RENTAL HOUSING LICENSE APPLICATION**

SINGLE FAMILY AND CONDOMINIUM

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MPORTANT INFORMATION (Read Carefully):		FEE is Not Prorated						OFFICE USE ONLY					
<ul><li>Incomplete applications will delay the license.</li><li>Application MUST be signed.</li></ul>	\$101.00	FEES EFFECTIVE JULY 1, 2015 \$101.00 \$59.00							Entered By				
<ul> <li>Application MUST be signed.</li> <li>Application MUST be mailed with payment.</li> </ul>	☐ Single Famil	☐ Single Family ☐ Garden Style Condo							Date Entered				
Payment: Check or Money Order only		☐ Townhouse/☐Back to Back ☐ High Rise Style Condo☐ Duplex/☐Quadraplex☐ Piggyback Townhouse☐							Deposit By				
Payable to: Montgomery County MD	[This is an anr	[This is an annual fee] Fiscal Year: July 1 to June 30						Deposit by					
☐ Please email me license confirmatio	n												
*Email Address: (Please Print)	1 1				1	1			1				
*confirmations are not emailed if informa	tion is missing*												
RENTAL PROPERTY INFORMATION:	ition is illissing												
Name of Community Association	·····												
☐ I affirm that I am current on my homeowners of	or condominium d	ues and fees											
Rental Street Address								Unit #					
City	<u>MD</u>	_ Zip Code _					Purchase {If so, co				ruired)		
Start Date of Rental	Rent \$		Yea	r Built _			{II SO, CO	ру от тт	יו ו-טכ	JIIII I EC	quireu)		
# of Occupants # of Kitchens		# of Bedroom	s			# of Ba	sement B	edroom	ns				
Polative Occupied 2 VEC - NO - Circle													
Relative Occupied? YES $\square$ NO $\square$ Circle	Relationship: Spou	use, Sibling, Pa	rent, Chile	d, Grand	dparent	Grando	hild						
	Relationship: Spou							oratio	n 🗆				
	Ownership	Trust □	*** <b>Pa</b> ı	rtners	hip/Ll			oratio	n 🗆				
OWNER INFORMATION: ***Sole C	Ownership □	Trust	***Pa	rtners	hip/LI	_C □				ut of S	tate]		
OWNER INFORMATION: ***Sole C	Ownership □	Trust 🗆	***Paı	rtners egal Age	hip/LI	_C □	Corp	РО Во	x or Ou				
OWNER INFORMATION: ***Sole Company Owner (Salutation)  Street Address  City  Work Phone #	Ownership □S Home Phone #	Trust	*** <b>Pa</b> l	rtners	hip/LI	_C □	Corp	PO Bo	x or Ou				
OWNER INFORMATION: ***Sole Company Owner (Salutation)  Street Address  City  Work Phone #	Ownership s	Trust	*** <b>Pa</b> l	rtners	hip/LI	_C □	Corp	PO Bo	x or Ou				
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OWNER INFORMATION: ***Sole Company Owner (Salutation)  Street Address  City  Work Phone #	Ownership  S Home Phone #	Trust   state	***Pal	egal Age	hip/LI ent Rec	uired If	You use	PO Bo	x or Ou				
OWNER INFORMATION: ***Sole Company Owner (Salutation)  Street Address  City  Work Phone #  Email Address: (Please Print)  ***Must provide information for all owners	Ownership  S Home Phone # S and/or partners/m	Trust   state   sembers holding	***Pal	egal Ago	hip/LI ent Rec	uired If	You use	PO Bo	x or Ou				
OWNER INFORMATION: ***Sole Corporation information for all owners  Corporation information: [Res	Ownership   S  Home Phone #  =ax #:  and/or partners/m  sident Agent is re	Trust   state   state   sembers holding  equired for (	***Pal  [A Le  Country  g 10% or  Corporate	egal Ago	ent Rec	Phone #	You use	PO Bo	x or Ou				
OWNER INFORMATION: ***Sole Corporation Name	Ownership  S Home Phone # Fax #: S and/or partners/m sident Agent is re	Trust   State   embers holding  equired for (	***Pai	egal Age	hip/LI ent Rec Cellular terest. I	Phone #	You use	PO Bo	x or Ou				
OWNER INFORMATION: ***Sole Corporation Name  Executive's Name:  ***Sole Corporation: ****Sole Corporation: ****Sole Corporation: ****Sole Corporation: ****Sole Corporation: ****Sole Corporation: *****Sole Corporation: *****Sole Corporation: *****Sole Corporation: *****Sole Corporation: *****Sole Corporation: ************************************	Ownership S  Home Phone # S  Fax #: S  and/or partners/m  sident Agent is re	Trust   State  Dembers holding equired for (	***Pai	egal Age	ent Rec	Phone #	You use	PO Bo	x or Ou				
OWNER INFORMATION: ***Sole Corporation Name  Executive's Name:  Street Address  ***Sole Corporation information for all owners  ***Sole Corporation information for all owners  ***Sole Corporation information for all owners  ***Must provide information for all owners  Corporation Name  Executive's Name:  Street Address	Ownership  S S S S S S S S S S S S S S S S S S S	Trust   state   embers holdinequired for (	***Pai	egal Age	ent Rec	Phone #	you use Zip C	PO Bo	te shee	Pf***			
OWNER INFORMATION: ***Sole Corporation Name  Executive's Name:  City	Ownership   S  Home Phone #  Fax #:  S and/or partners/m  sident Agent is re	Trust   State   embers holding  equired for (	***Pal  [A Le  [A Le  ]  [Ountry  ]  [Ountry  ]  [Ountry  ]  [Ountry  ]  [Ountry  ]  [Ountry  ]	more in	ent Rec	Phone #	Corp  you use  Zip Co	PO Bo	te shee	Pt***			
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AGENT or MANAGEMENT INFORMATION: *Adm	inistrative Agent □ Management □										
Agent/Management Name	*(Administrative Agent will receive all renewal bills)										
Company Name:											
Street Address											
CityState	Country Zip Code										
Work Phone# Cellular Phone	Fax Phone #										
Email Address: (Please Print)											
*Resident or Legal Agent:  * * * * * Legal Agent REQUIRED – If owner do	es not live in the State of Maryland or using a PO Box* * * * *										
Resident/Legal Agent Name	(*Must be any Maryland Resident – Not the Tenant)										
Company Name:											
Street Address											
City	State <u>MD</u> Zip Code										
Work Phone# Cellular Phone	# Fax Phone #										
Email Address: (Please Print)											
Legal Agent's Signature Required	Date										
LEAD POISONING PREVENTION  Maryland State law requires all owners renting residential properties to register the rental property with MDE. If the property was built before January 1, 1978, it is required to be tested for lead paint. [Statutory requirements of <i>Article 24, Political Subdivisions, 19-103</i> ]  1. Is the property built before January 1, 1978?  YES  NO  Year Built:  If answer to question #1 is NO, DO NOT answer questions 2, 3, & 4. You do not have to register your property with MDE.											
If the answer is YES, please complete questions.											
2. Is this property registered with MDE? YES \( \simeg \) NO \( \simeg \)  Tracking #: \( \simeg \)	If NO, contact MDE 1-800-633-6101 to register.										
3. Is the registration current? YES $\square$ NO $\square$											
4. What is the Lead Inspection Certificate # for current tenancy:											
Mail a photocopy of lead inspection certificate with application. For Maryland Department of Environment at 1-800-633-6101 ext. 4199	more information on requirements for obtaining your lead inspection certificate, contact or 410-537-4199 or <a href="https://www.mde.state.md.us/lead">www.mde.state.md.us/lead</a> .										
AUTHORIZED SIGNATURE OF APPLICATION LICENSE:  By my signing this application, I am the owner or have authorization to sign on behalf of the owner. I understand that falsifying information can result in having this rental license application denied and the property will not be licensed to rent. I affirm under penalty of perjury that the information on this application is true to the best of my knowledge and belief. I also understand that if there are changes in property ownership, owner address, or agent/contact information that I must notify MC/DHCA Licensing and Registration within 10 day of the change. I also understand penalty can be assessed in a civil citation of \$500 if the rental property is not licensed.											
X	Date										
Authorized Signature											
Print or Type Name of Person Signing Please note: Montgomery County Government now uses the services of CheckVelocity – Enhance check amount and electronically or via paper for the state's maximum allowable service fee. Paym to arrange payment for any outstanding checks and service fees due. www.checkvelocity.com	d Check Management Services. If your check is returned unpaid, your account will be debited electronically for the original ent by check constitutes authorization of these transactions. You may revoke your authorization by calling (800)666-5222 ext. 2										